



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED

OCT 22 AM 9:19

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 137467		3. This Statement covers From: 8 16 04 to 10 22 2004 <small>Mo Day Year Mo Day Year</small>	
2. Committee Name THE FRANK ROCCA ELECTION COMMITTEE		4. Candidate Last Name ROCCA First Name FRANK M.I. A 4a. Office Sought Including District # or Community Served (If applicable) MACOMB COUNTY COMMISSIONER DISTRICT-6 4b. County of Residence MACOMB	
5. Committee's Mailing Address 27052 BROADMOOR WARREN, MI 586-757-2525 <small>Area Code and Phone</small> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address SAME AS 5 <small>Area Code & Phone () -</small>	
7. Treasurer's Business Address <small>Area Code and Phone () -</small>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <small>Area Code and Phone () -</small>	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Convention <input type="checkbox"/> Special </div> <div> <input checked="" type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus </div> </div> Date of Election, Convention or Caucus <div style="display: flex; justify-content: space-around; font-size: 1.2em;"> <u>11</u> <u>02</u> <u>04</u> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> Month Day Year </div>		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution <div style="display: flex; justify-content: center; font-size: 1.2em;"> <u>11</u> <u>02</u> </div> <div style="display: flex; justify-content: center; font-size: 0.8em;"> Month Day Year </div> By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper _____ <small>Type or Print Name</small>		_____ <small>Signature</small>	
Candidate FRANK A. ROCCA <small>Type or Print Name</small>		Frank A. Rocca <small>Signature</small>	
_____ <small>Date</small>		_____ <small>Date</small>	
<small>Mo Day Year</small>		<small>Mo Day Year</small>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137467

2. Committee Name

THE FRANK ROCCA

ELECTION COMMITTEE

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	1850.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	1850.00	(18.) \$ 1,300.00
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$		(19.) \$ 2,500.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	1850.00	(20.) \$ 3,800.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	1850.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	1850.00	(23.) \$ 3622.67
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	1,300	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	177.33	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	- 0 -	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	177.33	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$		
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	177.33	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137467
2. Committee Name THE F.R. ELEC Comm

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>ADAM ROCCA</u> Address: <u>13765 TEFFT WARREN, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$25.00	\$25.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>ROSALIND ROCCA</u> Address: <u>13765 TEFFT WARREN, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$25.00	\$25.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>DANA CANTRELL</u> Address: <u>45951 PEACH GROVE MACOMB TWP. MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$50.00	\$50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>DENISE BAAKI</u> Address: <u>11199 Jim PIALE WARREN, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50.00	\$50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$150.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137467
2. Committee Name THE FRANK ROCCA ELEC COM

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>PASQUALE ROCCA</u> Address: <u>11676 10 MILE WARREN</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00	\$50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>MARY MARCHANT</u> Address: <u>4170 ROSEMARY ST. HEIGHTS</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00	\$50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>HENRY DONE</u> Address: <u>38581 GOLFVIEW CLINTON</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SECURITY</u> Employer <u>MT CLEMENTS COURTS</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00	\$150.00
3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>W.P.C.O.A</u> Address: <u>29900 CIVIC CENTER WARREN, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>POLICEMEN</u> Employer <u>CITY OF WARREN</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$250.00	\$500.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	400.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137467
2. Committee Name THE F.R.E. Comm.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>JERRY PETZ</u> Address: <u>8736 KALTZ - CENTERLINE MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$25.00	\$50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>ANNE PLASKY</u> Address: <u>219 LAKESHORE PT - HOWELL, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$25.00	\$25.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>VICTOR PUKR</u> Address: <u>25130 HOOVER, WARREN, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$25.00	\$50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>DVANE MCNABB</u> Address: <u>25622 VIRGINIA - WARREN, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$25.00	\$100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137467
2. Committee Name TNE F.R. ELEC. COMM

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>RUSSELL MARRONE</u> Address: <u>4288 CONNIE-STERLING HGBTS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$25.00	\$75.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>NICK CHAKUR</u> Address: <u>8150 WARREN BVD. CENTERLINE</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$50.00	\$100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>MATT DOUGHERTY</u> Address: <u>388 LAKESHORE POINTE - HOWELL</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$25.00	\$75.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>FLOYD RAPER</u> Address: <u>27064 BROADMOORE WARREN, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$100.00	\$100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$200.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137467

2. Committee Name

THE F.R. ELECTION COMM.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-03-04</u></p> <p>Name: <u>MARIA ROCCA</u></p> <p>Address: <u>11076 10 MILE WARREN</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>OWNER</u> Employer <u>FIRENZE RESTAURANT</u></p> <p>Business Address <u>11028 10 MILE WARREN</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ 1000.00	\$1000.00
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal		1000.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$1850.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137467
2. Committee Name TNE F.R. ELEC. COMM.

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>FIRENZE RESTAURANT</u> Address <u>11028 10 MILE</u> <u>WARREN, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u> <u>DINNER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-13</u> <u>04</u>	<u>4486</u> <u>.00</u>
Expenditure #2 Name <u>C+G NEWSPAPER</u> Address <u>13650 11 MILE RD</u> <u>WARREN, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>NEWSPAPER AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-04</u> <u>04</u>	<u>1364.</u> <u>00</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$1850.00

\$1850.00

Enter this total
on line 8a of
Summary Page

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 137467

2. Committee Name TNE F.R. ELECT COMM.

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 _____ Corp? <input type="checkbox"/> Yes Owed to or by: <u>FRANK RUCCA</u> <u>27052 BROADWATER</u> <u>WARREN, MI</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7-25-04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	<u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>	\$ _____	<u>\$ 300</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 _____ Corp? <input type="checkbox"/> Yes Owed to or by: <u>MARIA RUCCA</u> <u>11076 IDAILEE</u> <u>WARREN, MI</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10-04-04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	<u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>	\$ _____	<u>1000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 _____ Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>	_____	_____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

1,300

1300

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 1 of 1